



## **ENERGY AND ENVIRONMENT CABINET**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

200 FAIR OAKS, 2<sup>ND</sup> FLOOR

FRANKFORT, KY 40601

TELEPHONE NUMBER (502) 564-6716

### **Contractor's Certificate of Decontamination For Inhabitable Properties (CCD)**

Revised September, 2008

#### **I. Property and Contact Information**

##### **Property Location:**

Property Street Address: \_\_\_\_\_

Nearest City/Town and Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Date of Lab Discovery: \_\_\_\_\_

##### **Property Owner:**

Name (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Certified Contractor:**

Contractor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Fax No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**II. Decontamination Procedures Completed**

*Note: Please contact KDWM for an electronic version of the CCD (DEP5035). A detailed description of specific decontamination procedures completed in each room of the inhabitable property must be included below. Please attach extra sheets to provide details and include a Site Map drawn to scale depicting the property and its layout including identification of other structures on the property, its location relative to streets and surrounding properties, drainageways, and other surface features. Sketches of each room and each floor of the property must also be completed and attached depicting the areas of observed contamination, location of appliances, fixtures, and locations of post-decontamination samples. Photographs must be taken of before and after decontamination conditions and of all post-decontamination sample locations in order to provide documentation of the cleanup, and copies must be provided as part of this report.*

Date Preliminary Assessment Conducted: \_\_\_\_\_

Tier response Level for Decontamination (Please circle) 1    2    3    4  
(You must contact KDWM and provide justification if this differs from recommended tier by law enforcement.)

Date HVAC system disconnected: \_\_\_\_\_

Date ventilation with fans initiated and stopped:  
\_\_\_\_\_

Date air monitoring conducted: \_\_\_\_\_

Date decontamination activities initiated and completed:  
\_\_\_\_\_

Type of Personal Protective Equipment used: \_\_\_\_\_

### **HVAC System**

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Remove and replace all HVAC filters \_\_\_\_\_

\_\_\_\_\_

Remove and clean diffusers and intakes and areas around them \_\_\_\_\_

\_\_\_\_\_

Remove all debris and thoroughly clean the entire HVAC system including ductwork \_\_\_\_\_

\_\_\_\_\_

### **Chemical Wastes/Spills**

Were any meth wastes (containers, syringes, firearms etc.) found? Types? Contact KSP or law enforcement:

\_\_\_\_\_

\_\_\_\_\_

Neutralize chemical spills that are found: \_\_\_\_\_

\_\_\_\_\_

Absorb chemical spills and containerize waste for proper disposal: \_\_\_\_\_

\_\_\_\_\_

### **Porous Items Cleaning/Disposal**

Remove and render unusable all soft, porous materials including the following:

- Clothing \_\_\_\_\_

\_\_\_\_\_

- Carpeting \_\_\_\_\_

\_\_\_\_\_

- Upholstered furniture \_\_\_\_\_

\_\_\_\_\_

- Draperies \_\_\_\_\_

\_\_\_\_\_

- Other/Miscellaneous (stuffed animals, toys, mattresses, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List items commercially cleaned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Structural Features and Surfaces**

Segregate each room that is being decontaminated with plastic sheeting \_\_\_\_\_

\_\_\_\_\_

Remove and replace any stained semi-porous building materials (drywall, plaster, and paneling) that cannot be cleaned

\_\_\_\_\_

Double-wash walls, floors, ceilings, countertops with hot water and detergent (list type of detergent used) \_\_\_\_\_

\_\_\_\_\_

Remove and dispose of suspended or attached acoustic ceiling tiles \_\_\_\_\_

\_\_\_\_\_

Seal "popcorn" ceilings in lieu of testing \_\_\_\_\_

\_\_\_\_\_

Floor coverings (Describe whether removed, cleaned, sealed, or covered in place)

\_\_\_\_\_

\_\_\_\_\_

List any appliances that were removed and disposed \_\_\_\_\_

\_\_\_\_\_

List any appliances that were cleaned and will be reused \_\_\_\_\_

\_\_\_\_\_

**Encapsulation**

Paint or seal walls, ceilings, floors and woodwork with paint or polyurethane following cleaning

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Plumbing**

Flush attached plumbing: \_\_\_\_\_

\_\_\_\_\_

Check all drain traps with PID for volatile compounds and take pH readings for corrosives.

\_\_\_\_\_

\_\_\_\_\_

Remove etched or stained plumbing fixtures: \_\_\_\_\_

\_\_\_\_\_

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**Garages, Outbuildings and Non-Occupancy Structures**

Inspect all non-occupancy structures and follow decontamination steps if needed \_\_\_\_\_

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**Waste Disposal**

All wastes from the decontamination were rendered unusable, and were properly characterized and disposed (attach disposal receipts).

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**Post-Decontamination Sampling**

Documentation of post-decontamination samples collected. Must provide maps showing sample locations and attach copies of laboratory analytical results for each room, including chains-of-custody and QA/QC data. Verify correct lab method used.

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**Exterior Evaluation**

Check septic system for volatile compounds and pH to determine if meth lab wastes have been disposed (Document field screening results)

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Were samples collected of the wastes in the septic tank? Include copies of results. \_\_\_\_\_

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Were the septic tank contents removed and disposed? Include disposal receipts. \_\_\_\_\_

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Are other releases present that may require additional investigation? \_\_\_\_\_

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### **III. Certification Statements**

#### **Contractor Certification:**

I certify that all information described in this report is true and correct, to the best of my knowledge, and that the assessment and decontamination activities conducted at this property meet the decontamination standard and is in compliance with KRS 224.01-410 (3), the tier response decontamination requirements effective July 15, 2008 and *the Kentucky Methamphetamine Lab Decontamination Guidance for Inhabitable Properties, 2008*

I further certify that the decontamination activities were performed safely and in accordance with 803 KAR 2:403 and 29 CFR 1926.50 through 1926.66.

Print Name of Contractor \_\_\_\_\_

Signature of Responsible Official \_\_\_\_\_

Date \_\_\_\_\_

#### **Property Owner Certification:**

I certify that I own or have legal authority for this property. I have received this report prepared by a certified contractor and understand that I must continue to comply with KRS 224.01-410 and all other state and federal laws. I further certify that the information in this report is true and correct, to the best of my knowledge.

Print Name of Owner \_\_\_\_\_

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

*Mail completed form and attachments to:*  
DIVISION OF WASTE MANAGEMENT  
SUPERFUND BRANCH  
METH LAB CONTRACTOR REGISTRATION  
200 FAIR OAKS, 2<sup>ND</sup> FLOOR  
FRANKFORT, KY 40601

(502) 564-6716  
FAX (502) 564-2704